

| PATENT APPLICATION FEE DETERMINATION RECORD | | | | | Application or Docket Number 09/520 969 |
|---|---|--------------|---|------------------------------------|--|
| Effective December 29, 1999 | | | | | |
| CLAIMS AS FILED - PART I | | | | | |
| (Column 1) | | | (Column 2) | | |
| FOR | NUMBER FILED | NUMBER EXTRA | | | SMALL ENTITY TYPE <input type="checkbox"/> OR OTHER THAN SMALL ENTITY |
| BASIC FEE | | | | | RATE <input type="checkbox"/> 345.00 OR RATE <input type="checkbox"/> 690.00 |
| TOTAL CLAIMS | 8 minus 20 = | | | | X\$ 9= <input type="checkbox"/> X\$18= |
| INDEPENDENT CLAIMS | 6 minus 3 = | 3 | | | X39= <input type="checkbox"/> X78= 234.00 |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | +130= <input type="checkbox"/> +260= |
| • If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | TOTAL <input type="checkbox"/> OR TOTAL 924.00 |
| CLAIMS AS AMENDED - PART II | | | | | |
| (Column 1) | | | (Column 2) | (Column 3) | |
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | SMALL ENTITY OR OTHER THAN SMALL ENTITY |
| | Total | 12 | Minus | 20 | = 0 |
| Independent | 6 | Minus | 6 | = 0 | X39= <input type="checkbox"/> X78= |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | +130= <input type="checkbox"/> +260= |
| | | | | | TOTAL ADDIT. FEE <input type="checkbox"/> OR TOTAL ADDIT. FEE |
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE <input type="checkbox"/> ADDITIONAL FEE |
| | Total | 10 | Minus | 20 | = 0 |
| Independent | 6 | Minus | 6 | = 0 | X39= <input type="checkbox"/> X78= |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | +130= <input type="checkbox"/> +260= |
| * And not end | | | | | TOTAL ADDIT. FEE <input type="checkbox"/> OR TOTAL ADDIT. FEE |
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE <input type="checkbox"/> ADDITIONAL FEE |
| | Total | Minus | 20 | = | X\$ 9= <input type="checkbox"/> X\$18= |
| Independent | Minus | 3 | = | X39= <input type="checkbox"/> X78= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | +130= <input type="checkbox"/> +260= |
| | | | | | TOTAL ADDIT. FEE <input type="checkbox"/> OR TOTAL ADDIT. FEE |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." | | | | | |
| *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." | | | | | |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | |